

# NATIONAL Assessment Centre Services

[wef 1 Jan 05] MHA 119020856-01

Date In: <u>14/1/19-16/1/19</u>	Job description	Date & Time Completed	Done by
Ref No: <u>MHA 119020856-01</u>	SAS e-filing		
Veh No: <u>SH 89987</u>	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: <u>14/1/19-16/1/19</u>	i-Motor Claim Form		
OP: TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: <u>SH 89987</u>	INC ( ) / Non-INC ( )
Owner / Driver: (	Tel:	
Policy No: ( )	Period: ( )	Cover Type: ( )
Confirmed by: (	Date:	Time:
Insured/Driver Liability: ( )	[Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: 80-100%]	
Year of Registration: ( )	Warranty: YES ( ) / NO ( )	
Excess: (\$ )	Loading: \$1,000 ( ) / \$2,000 ( )	

**General Remarks:-**

( ) Walk-In Customer : Customer's information strictly Confidential & Strictly NO refer of repairer.

( ) Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Remarks:	Date & Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury : \_\_\_\_\_

Date/Time	Actions

<b>Claimant's Particulars:-</b> Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments:- Cat. 1: Cat. 2 / 3:	<b>Invoice Preparation Checklist</b>		Amr (\$)	Amr (\$)
	1) AR: Accident Reporting (\$30);		Int Bill	Add Bill
	2) DA: Damage Assessment (\$100); INC (\$80)			
	3) TF: Towing Fee \$40/\$45			
	4) FT: Follow-Through Survey \$120			
	5) FT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	7) N1: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
QP* *N5: Courtesy Car / Tpt Allowance \$5 *N6: Repair Co-ordination \$10 *N7: Post Repair Inspection \$25 *N8: DV / Collect Excess Coordination \$5 TP (N11): TP (Non INC) against INC \$20 9) N12: Idac Mobile 30				
Invoice dated Invoice dated		Fee Charged Fee Charged		



## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT	
Date Of Report	14/02/2019 16:45
Date Of Accident	13/02/2019 16:35
Exact Location Of Accident	BLK 164 TAMPINES ST 12 CARPARK
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGH8998T
Insured/Policyholder	
Name Of Registered Owner	YEO YEE
NRIC No	S7309392I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93276678
Alternative Phone No	OFFICE-93276678
Vehicle Particulars	
Manufacturer	BMW
Model	523I 2.5 AT ABS D/AB 2WD 4DR GAS/D
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	M066487/18/1000/1500/3500
Cover Note Number	
Driver	
Name of Driver	CHONG YEN JIN
NRIC No	S8183638H
Date Of Birth	26/02/1981
Occupation	INDOOR
Date Of Driving Pass	21/08/2004
Driving Experience	14 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-93276678
Fax Number	
Contact Number	OFFICE-93276678
Email Address	NOEMAIL

Address	BLK 9 TAMPINES STREET 86 #08-28
Postcode	528587
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : - GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO STATEMENT.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMH3861R
Vehicle Make/Model/Colour	VOLKSWAGEN GOLF/WHITE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MR BEN
NRIC/Passport Number	
Contact Number	85818029
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)



## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' law yers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:

(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;

(ii) investigating the accident and/or my claims;

(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;

(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(v) complying with applicable law in administering, processing, handling and/or dealing with my claims, (collectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in the accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

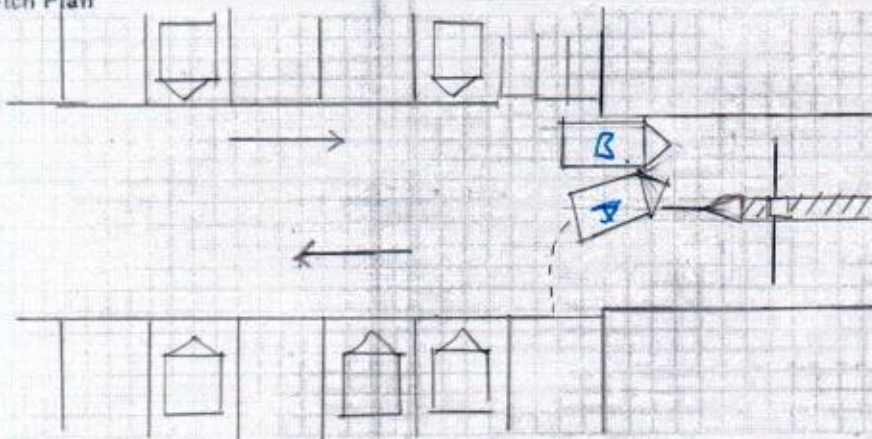
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan



A: 564599187  
B: 564598612



**Describe Circumstances of the Accident**

I was driving towards the car park exit gantry. Vehicle B suddenly hit on to my left front.

**Declaration**

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &  
Time

Driver's Signature (if driver is not the policyholder) / Date  
& Time

Witnessed by Reporting Centre  
Personnel



# SINGAPORE ACCIDENT STATEMENT

## ACCIDENT STATEMENT

Date Of Accident \* 13/02/19 Time 1635 Hrs  
 Exact Location Of Accident \* Bk 164 Tampines Carpark

## DETAILS OF OWN VEHICLE (VEHICLE A)

Vehicle Registration Number \* SGH 8998 T

Insured / Policyholder

Name of Registered Owner \* Yeo Yee

NRIC/FIN/Passport Number \* S7309342I 67412845

Vehicle Particulars

Manufacturer BMW

Model 523I

Exact Purpose for which vehicle was being used at time of accident  
 \* Private use ☒ Commercial use ☐ Hire & reward ☐  
 Others ☐ - please specify

Are you claiming under your own insurance policy for repair to your vehicle?  
 \* Yes ☒ No ☐ Others

If No, please state action to be taken  
 \* Third Party Claim ☐ Reporting Only ☐

Vehicle Category  
 \* Private ☐ Commercial ☐ Motorcycle ☐

Insurance Company

Name of Insurance Company \* India International Insurance Pte Ltd.

Type of Coverage \* Comprehensive

Fleet Policy Yes ☐ No ☐

Policy Number \* M066497/18/1000/1500/3500

Cover Note Number

Driver

Name of Driver \* Chong Yen Jin

NRIC/FIN/Passport Number \* S8183638H

Date of Birth \* 26/02/81

Occupation \* Admin Executive

Date of Driving Pass \* 21/08/04

Gender \* Male ☐ Female ☒

Mobile Number \* 93276678

Address \* Bk 9 Tampines St86 #08-28

S (528587)

Email Address

Was driver an employee of the Insured's Company?

\* Yes ☐ No ☒

If no, Relationship of the Driver with the Insured

\* Spouse

SAS 1

2 (including driver)  
 1 male passenger



Vehicle Registration Number of Driver's Own Vehicle (if applicable) \_\_\_\_\_  
Insurance Company of Driver's Own Vehicle (if applicable) \_\_\_\_\_

#### General Information of the Accident

Type of Accident \* Side to Side  
Weather Conditions \* Clear ☒ Raining ☐ Others \_\_\_\_\_  
Road Surface \* Dry ☒ Wet ☐ Others \_\_\_\_\_

#### Other Information

Was any body injured in the Accident? Yes ☐ No ☒  
Was any other material or property damaged? Yes ☐ No ☒

#### Details of Injured Persons

Name \* \_\_\_\_\_  
Address \* \_\_\_\_\_  
Approximate Age \* \_\_\_\_\_  
Injuries Sustained \* \_\_\_\_\_  
If vehicle Occupants, state in which vehicle? \_\_\_\_\_  
Were seat belts worn? \* Yes ☐ No ☐  
Was injured conveyed to hospital by ambulance? \* Yes ☐ No ☐

#### Details of Police Action

Was the Accident reported to the Police? \* Yes ☐ No ☒  
If Yes, please state which Police Station \_\_\_\_\_  
Was notice of intended Prosecution given? \* Yes ☐ No ☒  
If Yes, against whom? \_\_\_\_\_

#### DETAILS OF OTHER VEHICLE(S) / PROPERTIES (VEHICLE B)

Vehicle Registration Number \* SMH 3861 R  
Vehicle Make / Model / Colour Volkswagen Golf White  
Detail Of Properties \_\_\_\_\_  
Name of Driver \* Mr Ben  
NRIC/Passport Number \_\_\_\_\_  
Contact Number \* 85818029  
Email Address \_\_\_\_\_  
Address \_\_\_\_\_  
Insurance Company Name \_\_\_\_\_  
Nature of Damage \_\_\_\_\_

#### Details Of Witness

Name \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Email Address \_\_\_\_\_



**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

## ADDENDUM

### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA119020886 Vehicle Registration No: SGH8998T  
Name (as shown in NRIC) : CHONG YEN JIN NRIC/FIN/Passport No : S8183638H  
(\*Vehicle Driver / ~~Vehicle Owner~~) (\*) Please delete as appropriate  
Address : BLK 9 TAMPINES STREET 86 #08-28 Singapore (528587 )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 93276678  
Email Address : \_\_\_\_\_  
Date of Accident : 13/02/2019 Time of Accident : 16:35  
Place of Accident : BLK 164 TAMPINES ST 12 CARPARK  
Insurance Company: India International Insurance Pte Ltd

### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend exact purpose which vehicle was being used at time of accident

---

---

---

---

---

---

---

---

---

---

Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:  
Date:



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8183638H



Name

CHONG YEN JIN

張 艷 晶

Race

CHINESE

Date of birth

26-02-1981

Sex

F

Country of birth

MALAYSIA



8919725

NRIC No. S8183638H



Nationality

MALAYSIAN

Date of issue

27-03-2008

APT BLK 9 TAMPINES STREET 86 #08-28  
SINGAPORE 528587

NRIC No: S8183638H

Date: 14/01/2017



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

Class 3 Motor Cars  $\leq$  3000kg with  $\leq$  7 passengers, exclusive of the driver; and other motor vehicles  $\leq$  2500kg 21 Aug 2004

NP 428A



Licence No: S8183638H

REPUBLIC OF SINGAPORE DRIVING LICENCE

CHONG YEN JIN

Birth Date: 26 Feb 1981

Expiry Date: 27 Jul 2009

001767343G





\$1000 on Sect I on NAMED DRIVERS

Excess: \$1500 on UNNAMED DRIVERS  
\$3500 on driver below 26 & above 65 years  
of age &/or less than 2 years Singapore  
Driving Licence

CERTIFICATE NO COMP CHANGE OF REG NO  
MD66487/18/1000/1500/3500

1. Index Mark and registration  
Number of Vehicle SGH 8998 T
2. Name of Policy Holder YEO YEE
3. Effective date of the Commencement  
of Insurance for the purposes of the Ordinance 09 FEB 2018  
27 FEB 2019
4. Date of Expiry of Insurance
5. Persons or Classes of Persons entitled to drive\*  
(a) The Policyholder.  
The Policyholder may also drive a motor car not belonging  
to or hired (under a hire purchase agreement or otherwise)  
to him/her or his/her employer or his/her partner.  
(b) Any other person who is driving on the policyholders order or  
with his/her permission. Provided that the person driving is  
permitted in accordance with the licensing or other laws or  
regulations to drive the Motor Vehicle or has been so  
permitted and is not disqualified by order of a Court of Law  
or by reason of any enactment or regulation in that behalf  
from driving the Motor Vehicle.
6. Limitation as to use\*  
Use only for social, domestic and pleasure purposes and for the  
Policyholder's business.  
The Policy does not cover use for hire or reward, racing, pace-  
making, reliability trial, speed testing, or the carriage of goods  
(other than samples) in connection with any trade or business  
or use any purpose in connection with the Motor Trade.

*\*Limitations rendered inoperative by Section 79 of the Road  
Traffic Ordinance 1958 (Federation of Malaya) or Section 7 of the  
Motor Vehicles (Third Party Risks and Compensation) Ordinance  
1960 (Republic of Singapore) are not to be included under these  
headings.*

WE HEREBY CERTIFY that the Policy to which this Certificate  
relates is issued in accordance with the provisions of part IV of the  
Road Traffic Ordinance 1958 (Federation of Malaya) and Motor  
Vehicles (Third Party Risks and Compensation) Act (Cap 88 of the  
Revised Edition)/(Amendment) Act 1980 (Republic of Singapore).

20.02.2018ja

for India International Insurance Pte. Ltd.  
(APPROVED INSURERS)  
U. I. ENTERPRISE

MX 1 (PRIVATE CAR)  
INDIVIDUAL OWNERSHIP

  
AS CHIEF AGENT